

Department of Veterans Affairs Boise VA Medical Center

Direct Deposit Enrollment Form

Dear Veteran,

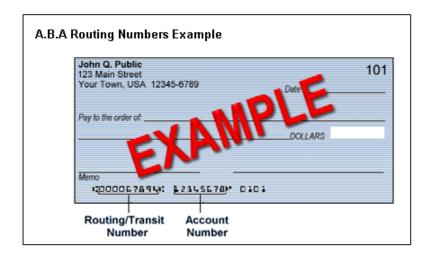
The U.S. Department of Treasury, under 31 CFR Part 208, now requires Federal payments, including beneficiary travel and compensated work therapy, to be made electronically. The information you provide on this from will be used by the Treasury to transmit payment data though electronic funds transfer to your financial institution.

Complete <u>all</u> fields in the Information Section below. To return your form, you may:

- **Bring** the completed form to the Travel Office/CBOC now or at your next appointment.
- Fax it to our secure fax line at (208) 422-1212; or
- Mail to ATTN: e.g. Fiscal EFT Coordinator; 500 W. Fort St. / 04 /Boise / ID / 83702

First & Last Name	_Social Security#		
Address	_ City	_State	_Zip
Bank Name	_City	_State	Zip
Routing Transit # Account # (Routing Transit # Found on the bottom of your personal check, must have 9 digits and begin with "0", "1", "2" or "3")			
Circle Account Type: Checking Saving	S		
Signature	Phone # ()		

For questions concerning the EFT process, please contact the Fiscal Service at (208) 422-1206.



Date: May 20, 2013